

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (if known)

Chapter

11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Superior Emergency Physicians Harris PLLC**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) **81-4446624**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**2867 Grand Helios Way
Henderson, NV 89052**

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Clark

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) **<https://sepdocs.com/>**

6. Type of debtor

☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☒ Other. Specify: **PLLC**

Debtor **Superior Emergency Physicians Harris PLLC**
Name

Case number (if known)

7. Describe debtor's business A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6211**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Superior Emergency Physicians Harris PLLC**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☒ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor

Superior Emergency Physicians Harris PLLC

Case number (if known)

Name

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor Superior Emergency Physicians Harris PLLC
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 9, 2023
MM / DD / YYYY**X** /s/ Richard Harris
Signature of authorized representative of debtorRichard Harris
Printed nameTitle Managing Member**18. Signature of attorney****X** /s/ Ryan J Works
Signature of attorney for debtorDate March 9, 2023
MM / DD / YYYYRyan J Works 9224
Printed nameMcDonald Carano LLP
Firm name2300 W. Sahara Ave.
Suite 1200
Las Vegas, NV 89102
Number, Street, City, State & ZIP CodeContact phone (702) 873-4100Email address rworks@mcdonaldcarano.com9224 NV
Bar number and State

**Resolution of Members and Managers
By Written Consent of
Superior Emergency Physicians Harris, PLLC**

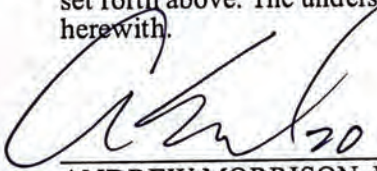
This Resolution of Members and Managers by Written Consent of SUPERIOR EMERGENCY PHYSICIANS HARRIS, PLLC ("SEPH"), a Nevada Domestic Professional Limited Liability Company, is executed as of this 9th day of March, 2023 (the "Effective Date"). The undersigned, being all of the members and managers of SEPH, hereby consent to the following resolution in lieu of a meeting:

WHEREAS, the Members and Managers SEPH have determined it to be in the best interests of SEPH to file bankruptcy under Subchapter V of Chapter 11 of the United States Bankruptcy Code, in the United States Bankruptcy Court, District of Nevada (the "Bankruptcy"), now therefore:

IT IS RESOLVED that SEPH shall retain the law firm of McDonald Carano LLP (the "Firm") to prepare, file and represent SEPH in its Bankruptcy, subject to the terms of the Firm's Engagement Agreement to be executed by SEPH;

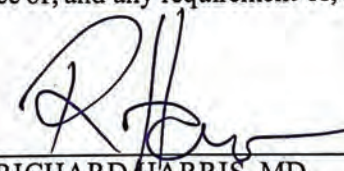
IT IS FURTHER RESOLVED that the undersigned Members and Managers consent to Richard Harris ("Harris") and Andrew Morrison, DO ("Morrison"), in their capacities as Managers of SEPH, to authorize, direct and empower the filing of SEPH for Bankruptcy. Harris and Morrison are also empowered to execute any and all documents necessary to effectuate the Bankruptcy filing, testify on behalf of SEPH and carry out any other acts reasonable or necessary; and

IN WITNESS WHEREOF, the undersigned, being all of the Members and Managers of SEPH, hereby adopt, approve, confirm and ratify the foregoing resolution, as of the Effective Date set forth above. The undersigned waive notice of, and any requirement of, a meeting in connection herewith.



ANDREW MORRISON, DO

3/12/2023



RICHARD HARRIS, MD

3/12/23

Superior Emergency Physicians Harris PLLC

Balance Sheet

As of January 31, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Business Advantage Chk (1400)	50,606.96
Business Advantage Chk (1510)	10,353.31
Business Savings (1549)	362.09
Total Bank Accounts	\$61,322.36
Other Current Assets	
ERC Receivable 2020	82,895.00
ERC Receivable 2021	153,130.47
Total Other Current Assets	\$236,025.47
Total Current Assets	\$297,347.83
TOTAL ASSETS	\$297,347.83
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liability	
Accrued Wages	-9,940.00
Total Payroll Liability	-9,940.00
Total Other Current Liabilities	\$ -9,940.00
Total Current Liabilities	\$ -9,940.00
Long-Term Liabilities	
N/P - Alfa Advance	-51,483.76
N/P - BizFund LLC	29,984.00
N/P - Libertas Funding	93,570.88
N/P - Newco Capital Group	-237,733.00
North Vista LOC	2,206,271.33
Total Long-Term Liabilities	\$2,040,609.45
Total Liabilities	\$2,030,669.45
Equity	
Dr. Harris Draw	-1,074,244.31
Dr. Morrison Draws	-894,140.25
Retained Earnings	-49,851.78
Net Income	284,914.72
Total Equity	\$ -1,733,321.62
TOTAL LIABILITIES AND EQUITY	\$297,347.83

For Management Use Only; Pending Responses from Management

Superior Emergency Physicians Harris PLLC

Profit and Loss

February 2022 - January 2023

	TOTAL
Income	
Collection Agency	229,468.55
Services	6,207,833.63
Total Income	\$6,437,302.18
GROSS PROFIT	\$6,437,302.18
Expenses	
Accounting	2,916.66
Advertising	329.89
Bank Charges	209.57
Merchant Fees	8,168.52
Total Bank Charges	8,378.09
Billing Service	243,860.00
Computer and Internet	401.75
Dues & Subscriptions	1,540.00
Education Expense	1,084.00
Employee Hire Testing	7,472.25
Entertainment	35,043.40
Insurance	3,267.80
Health Insurance	3,192.86
Worksman Comp	2,031.13
Total Insurance	8,491.79
Insurance - Liability	6,116.00
Insurance - Malpractice	142,683.00
Interest Paid	96,100.77
Legal & Professional Fees	65,798.04
License Expense	770.00
Meals and Entertainment	2,835.33
Office Expenses	11,951.77
Harris Office Expenses	10,367.96
Morrison Office Expenses	8,950.00
Total Office Expenses	31,269.73
Office Supplies	307.02
Outside Service	6,585.30
Medical Professionals	2,914,068.06
IMEM (Dr. Morrison)	527,000.00
Management Fee	632,250.00
Total Medical Professionals	4,073,318.06
Total Outside Service	4,079,903.36

For Management Use Only; Pending Responses from Management

Superior Emergency Physicians Harris PLLC

Profit and Loss

February 2022 - January 2023

	TOTAL
Payroll	0.00
Payroll Processing Fees	22,038.68
Payroll Tax Expense	49,539.19
Salaries & Wages	428,523.23
Total Payroll	500,101.10
Supplies	145.44
Taxes & Licenses	-603.49
Travel	3,863.10
Uncategorized Expense	118,967.96
Uniform	490.28
Utilities	54.62
Total Expenses	\$5,358,320.09
NET OPERATING INCOME	\$1,078,982.09
Other Income	
Other Portfolio Income	112.61
Total Other Income	\$112.61
Other Expenses	
Pending	99,621.25
Total Other Expenses	\$99,621.25
NET OTHER INCOME	\$ -99,508.64
NET INCOME	\$979,473.45

For Management Use Only; Pending Responses from Management

Superior Emergency Physicians PLLC

**2021
PARTNERSHIP TAX RETURNS**



STEPHENS & COMPANY, PLLC

cpas | consultants | advisors

(866) 530-9988

www.stephensadvisors.com

STEPHENS & COMPANY, PLLC

cpas | consultants | advisors

September 8, 2022

CONFIDENTIAL

Superior Emergency Physicians PLLC
4994 Kaibab Forest
Las Vegas, NV 89141

Dear Superior Emergency Physicians PLLC:

We have prepared the following returns from information provided by you without verification or audit.

U.S. Return of Partnership Income (Form 1065)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,
Stephens & Company, PLLC

Superior Emergency Physicians PLLC

Partnership Income Tax Return

Taxable Year Ended December 31, 2021

Federal Filing Instructions

Your 2021 Form 1065 shows no balance due.

Your return is being filed electronically and is not required to be mailed. If you mail a paper copy of Form 1065 to the IRS it will delay processing of your return. The electronically filed return is not complete without a signature. A limited liability company member should sign and date Form 8879-PE, IRS *e-file* Signature Authorization for Form 1065. The form must be signed and returned before the electronic file can be transmitted to the IRS.

Mail the signed Form 8879-PE as soon as possible to:

Stephens & Company, PLLC
612 N Beaver St
Flagstaff, AZ 86001

You will receive an email when your return has been accepted. Please be sure to add efile@efileservices.net to your Safe Senders list in order to receive this acceptance email.

STEPHENS & COMPANY, PLLC
Certified Public Accountants
(866) 530-9988

Form 1065	Two Year Comparison Worksheet, Page 1	2020 & 2021
Partnership Name SUPERIOR EMERGENCY PHYSICIANS PLLC		Employer Identification Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>

		2020	2021	Differences
Income	Gross receipts less returns and allowances	6,166,191	5,993,306	-172,885
	Cost of goods sold			
	Gross profit	6,166,191	5,993,306	-172,885
	Ordinary income (loss) from other partnerships, etc.			
	Net farm profit (loss)			
	Net gain (loss) from Form 4797			
	Other income (loss)			
	Total income (loss)	6,166,191	5,993,306	-172,885
Deductions	Salaries and wages (other than to partners)	210,270	163,590	-46,680
	Guaranteed payments to partners			
	Repairs and maintenance			
	Bad debts			
	Rent			
	Taxes and licenses	34,905	73,501	38,596
	Interest	178,465	64,581	-113,884
	Depreciation			
	Depletion			
	Retirement plans, etc.			
	Employee benefit programs			
	Other deductions	5,594,663	5,173,451	-421,212
	Total deductions	6,018,303	5,475,123	-543,180
	Ordinary business income (loss)	147,888	518,183	370,295
Tax and Payment	Total balance due			
	Payments			
	Amount owed			
	Overpayment			

Form 1065	Two Year Comparison Worksheet, Page 2	2020 & 2021
Partnership Name SUPERIOR EMERGENCY PHYSICIANS PLLC		Employer Identification Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>

		2020	2021	Differences
Income (Loss)	Ordinary business income (loss)	147,888	518,183	370,295
	Net rental real estate income (loss)			
	Net other rental income (loss)			
	Guaranteed payments			
	Interest income		26	26
	Ordinary dividends			
	Qualified dividends			
	Dividend equivalents			
	Royalties			
	Net short-term capital gain (loss)			
	Net long-term capital gain (loss)			
	Net section 1231 gain (loss)			
	Other income (loss)			
Deductions	Section 179 deduction			
	Contributions			
	Investment interest expense			
	Section 59(e)(2) expenditures			
	Other deductions			
Self- Employment	Net earnings (loss) from self-employment	147,888	518,183	370,295
	Gross farm or fishing income			
	Gross nonfarm income	6,166,191	5,993,306	-172,885
Credits	Low-income housing credit (section 42(j)(5))			
	Low-income housing credit (other)			
	Qualified rehab expenditures (rental real estate)			
	Other rental real estate credits			
	Other rental credits			
	Other credits			
Alternative Minimum Tax (AMT) Items	Post-1986 depreciation adjustment			
	Adjusted gain or loss			
	Depletion (other than oil and gas)			
	Oil, gas, and geothermal properties - gross income			
	Oil, gas, and geothermal properties - deductions			
	Other AMT items			
Other Information	Tax-exempt interest income			
	Other tax-exempt income			
	Nondeductible expenses	65,688		-65,688
	Distributions of cash and marketable securities		190,523	190,523
	Distributions of other property			
	Investment income		26	26
	Investment expenses			
	Total foreign taxes paid or accrued			
	Net income (loss)	147,888	518,209	370,321

Form **1065****Two Year Comparison Worksheet, Page 3****2020 & 2021**

Partnership Name

Employer Identification Number

SUPERIOR EMERGENCY PHYSICIANS PLLC

		2020	2021	Differences
Schedule L	Beginning assets	499,449	702,114	202,665
	Beginning liabilities and capital	499,449	702,114	202,665
	Ending assets	702,114	1,014,282	312,168
	Ending liabilities and capital	702,114	1,014,282	312,168
Schedule M-1	Net income (loss) per books	82,200	518,209	436,009
	Taxable income not on books			
	Guaranteed payments (other than health ins)			
	Book expenses not deducted	65,688		-65,688
	Income on books not on return			
	Return deductions not on books			
	Income per return	147,888	518,209	370,321
Schedule M-2	Balance at beginning of year	-1,373,051	-1,290,851	82,200
	Cash contributions			
	Property contributions			
	Net income (loss) per books	82,200	518,209	436,009
	Other increases			
	Cash distributions		190,523	190,523
	Property distributions			
	Other decreases			
	Balance at end of year	-1,290,851	-963,165	327,686
Schedule M-3	Total income (loss) items:			
	Income (loss) per income statement			
	Temporary difference			
	Permanent difference			
	Income (loss) per tax return			
	Total expense/deduction items:			
	Expense per income statement			
	Temporary difference			
	Permanent difference			
	Deduction per tax return			
	Other items with no differences			
	Reconciliation totals:			
	Income (loss) per income statement			
	Temporary difference			
	Permanent difference			
	Income (loss) per tax return			

Form 1065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2021, or tax year beginning _____, ending _____ ▶ Go to www.irs.gov/Form1065 for instructions and the latest information.		OMB No. 1545-0123 2021	
A Principal business activity EMERG MEDIC		Name of partnership SUPERIOR EMERGENCY PHYSICIANS PLLC		D Employer identification number <div style="background-color: black; width: 100px; height: 1.2em;"></div>	
B Principal product or service SERVICE		Type or Print Number, street, and room or suite no. If a P.O. box, see instructions. 4994 KAIBAB FOREST		E Date business started 11/17/2016	
C Business code number 622000		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89141		F Total assets (see instructions) \$ 1,014,282	

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☒ Address change (5) ☐ Amended return
H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ _____
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 2
J Check if Schedules C and M-3 are attached ▶ ☐
K Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	5,993,306	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c 5,993,306
	2 Cost of goods sold (attach Form 1125-A)			2
	3 Gross profit. Subtract line 2 from line 1c			3 5,993,306
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
Deductions (see instructions for limitations)	7 Other income (loss) (attach statement)			7
	8 Total income (loss). Combine lines 3 through 7			8 5,993,306
	9 Salaries and wages (other than to partners) (less employment credits)			9 163,590
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14 73,501
	15 Interest (see instructions)			15 64,581
	16a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
Tax and Payment	19 Employee benefit programs			19
	20 Other deductions (attach statement) SEE STATEMENT 1			20 5,173,451
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 5,475,123
	22 Ordinary business income (loss). Subtract line 21 from line 8			22 518,183
	23 Interest due under the look-back method—completed long-term contracts (attach Form 8697)			23
	24 Interest due under the look-back method—income forecast method (attach Form 8866)			24
	25 BBA AAR imputed underpayment (see instructions)			25
26 Other taxes (see instructions)			26	
27 Total balance due. Add lines 23 through 26			27	
28 Payment (see instructions)			28	
29 Amount owed. If line 28 is smaller than line 27, enter amount owed			29	
30 Overpayment. If line 28 is larger than line 27, enter overpayment			30	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member _____ Date _____

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name KEVIN L. STEPHENS, CPA	Preparer's signature KEVIN L. STEPHENS, CPA	Date 09/08/22	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name ▶ STEPHENS & COMPANY, PLLC			Firm's EIN ▶ <div style="background-color: black; width: 100px; height: 1.2em;"></div>	
	Firm's address ▶ 612 N BEAVER ST FLAGSTAFF, AZ 86001			Phone no. 928-774-7181	

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No
a <input type="checkbox"/> Domestic general partnership		
b <input type="checkbox"/> Domestic limited partnership		
c <input checked="" type="checkbox"/> Domestic limited liability company		
d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership		
f <input type="checkbox"/> Other ►		

2 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	

3 At the end of the tax year, did the partnership:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		
		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

4 Does the partnership satisfy all four of the following conditions?	Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.		
b The partnership's total assets at the end of the tax year were less than \$1 million.		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d The partnership is not filing and is not required to file Schedule M-3		X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		

5 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		
		X

6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		
		X

7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		
		X

8 At any time during calendar year 2021, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►		
		X

9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		
		X

10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		
		X

b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		
		X

Schedule B Other Information (continued)

	Yes	No
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year)		<input type="checkbox"/>
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		0
16a Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions	X	
b If "Yes," did you or will you file required Form(s) 1099?	X	
17 Enter the number of Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return		0
18 Enter the number of partners that are foreign governments under section 892		0
19 During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions		X
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15		X
26 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By Vote By Value		X
29 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.	X	2

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR	
U.S. address of PR	U.S. phone number of PR
If the PR is an entity, name of the designated individual for the PR	
U.S. address of designated individual	U.S. phone number of designated individual

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	518,183
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments: a Services 4a b Capital 4b	4c	
	c Total. Add lines 4a and 4b	4c	
	5 Interest income	5	26
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b c Dividend equivalents 6c	6c	
	7 Royalties	7	
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14a Net earnings (loss) from self-employment	14a	518,183
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	5,993,306
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
International Transactions	16 Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties – gross income	17d	
	e Oil, gas, and geothermal properties – deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19a Distributions of cash and marketable securities	19a	190,523
	b Distributions of other property	19b	
	20a Investment income	20a	26
	b Investment expenses	20b	
c Other items and amounts (attach statement) SEE STATEMENT 2			
21 Total foreign taxes paid or accrued	21		

Analysis of Net Income (Loss)

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21	1	518,209
2	Analysis by partner type:		
	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)
a	General partners		
b	Limited partners	518,209	

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		250,575		100,767
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)		368,644		677,490
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement) SEE STMT 3		82,895		236,025
14	Total assets		702,114		1,014,282
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more		1,992,965		1,977,447
20	Other liabilities (attach statement)				
21	Partners' capital accounts		-1,290,851		-963,165
22	Total liabilities and capital		702,114		1,014,282

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	518,209	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	518,209
5	Add lines 1 through 4	518,209			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	-1,290,851	6	Distributions: a Cash	190,523
2	Capital contributed: a Cash		b	Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) (see instructions)	518,209	8	Add lines 6 and 7	190,523
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	-963,165
5	Add lines 1 through 4	-772,642			

**SCHEDULE B-1
(Form 1065)**

(Rev. August 2019)

Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

▶ Attach to Form 1065.

▶ Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

SUPERIOR EMERGENCY PHYSICIANS PLLC

Employer identification number (EIN)

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
RICHARD W. HARRIS	***-**-XXXX	UNITED STATES	50.000000
ANDREW E. MORRISON	***-**-XXXX	UNITED STATES	50.000000

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

SCHEDULE B-2
(Form 1065)

(December 2018)

Department of the Treasury
Internal Revenue Service**Election Out of the Centralized
Partnership Audit Regime**▶ **Attach to Form 1065 or Form 1066.**

OMB No. 1545-0123

▶ **Go to www.irs.gov/Form1065 for instructions and the latest information.**

Name of Partnership

SUPERIOR EMERGENCY PHYSICIANS PLLC

Employer Identification Number (EIN)

Certain partnerships with 100 or fewer partners can elect out of the centralized partnership audit regime if each partner is an individual, a C corporation, a foreign entity that would be treated as a C corporation were it domestic, an S corporation, or an estate of a deceased partner. For purposes of determining whether the partnership has 100 or fewer partners, the partnership must include all shareholders of any S corporation that is a partner. By completing Part I, you are making an affirmative statement that all of the partners in the partnership are eligible partners under section 6221(b)(1)(C) and you have provided all of the information on this schedule. See the instructions, including the instructions for the treatment of real estate mortgage investment conduits (REMICs), for more details.

Part I List of Eligible Partners

Use the following codes under Type of Eligible Partner:

I – Individual C – Corporation E – Estate of Deceased Partner F – Eligible Foreign Entity S – S corporation

Name of Partner	Taxpayer Identification Number (TIN)	Type of Eligible Partner (Code)
1 RICHARD W. HARRIS	***-**-	I
2 ANDREW E. MORRISON	***-**-	I
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Continued on Part IV

Part II List of S Corporation Shareholders (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

I – Individual E – Estate of Deceased Shareholder T – Trust O – Other

Name of S Corporation Partner ►		TIN of Partner ►
Name of Shareholder	Shareholder TIN	Type of Person (Code)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Continued on Part V

Part III Total Number of Schedules K-1 Required To Be Issued. See instructions.

1 Total of Part I and all Parts IV Schedules K-1 required to be issued by the partnership	1	2
2 Total of Part II and all Parts V Schedules K-1 required to be issued by any S corporation partners	2	
3 Total. Add line 1 and line 2	3	2

Note: If line 3 is more than 100, the partnership cannot make the election under section 6221(b).**For Paperwork Reduction Act Notice, see the Instructions for Form 1065.**

Schedule B-2 (Form 1065) (12-2018)

PARTNER# 1

☐ Final K-1☐ Amended K-1**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2021**

For calendar year 2021, or tax year

beginning

ending

Partner's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	259,092	A	259,092
2	Net rental real estate income (loss)	C	2,996,653
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
	13		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	A	112,273
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	A	13
10	Net section 1231 gain (loss)	N	STMT
11	Other income (loss)	Z *	STMT
		AG *	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

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22	More than one activity for at-risk purposes*
23	More than one activity for passive activity purposes*

*See attached statement for additional information.

<p>Beginning capital account \$ -645,425</p> <p>Capital contributed during the year \$</p> <p>Current year net income (loss) \$ 259,105</p> <p>Other increase (decrease) (attach explanation) \$</p> <p>Withdrawals & distributions \$ (112,273)</p> <p>Ending capital account \$ -498,593</p>	
--	--

Part I Information About the Partnership

A Partnership's employer identification number
[REDACTED]

B Partnership's name, address, city, state, and ZIP code
SUPERIOR EMERGENCY PHYSICIANS PLLC
4994 KAIBAB FOREST
LAS VEGAS NV 89141

C IRS Center where partnership filed return ▶
E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
-**-*

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
RICHARD W. HARRIS
[REDACTED]

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN _____
Name _____

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000 %	50.000000 %
Loss	50.000000 %	50.000000 %
Capital	50.000000 %	50.000000 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	996,483	988,724
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

Check this box if Item K includes liability amounts from lower tier partnerships. ☐

L Partner's Capital Account Analysis

Beginning capital account	\$ -645,425
Capital contributed during the year	\$
Current year net income (loss)	\$ 259,105
Other increase (decrease) (attach explanation)	\$
Withdrawals & distributions	\$ (112,273)
Ending capital account	\$ -498,593

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

PARTNER# 2

☐ Final K-1☐ Amended K-1**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2021**

For calendar year 2021, or tax year

beginning

ending

Partner's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number**B** Partnership's name, address, city, state, and ZIP code

SUPERIOR EMERGENCY PHYSICIANS PLLC

4994 KAIBAB FOREST

LAS VEGAS

NV 89141

C IRS Center where partnership filed return ▶

E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

-**-*

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

ANDREW E. MORRISON

G ☒ General partner or LLC member-manager☐ Limited partner or other LLC member**H1** ☒ Domestic partner☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN

Name

I1 What type of entity is this partner? INDIVIDUAL**I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000 %	50.000000 %
Loss	50.000000 %	50.000000 %
Capital	50.000000 %	50.000000 %

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	996,482	988,723
Qualified nonrecourse financing		
Recourse		

Check this box if Item K includes liability amounts from lower tier partnerships. ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$ -645,426
Capital contributed during the year	\$
Current year net income (loss)	\$ 259,104
Other increase (decrease) (attach explanation)	\$
Withdrawals & distributions	\$ (78,250)
Ending capital account	\$ -464,572

M Did the partner contribute property with a built-in gain (loss)?☐ Yes☒ No

If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning \$

Ending \$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	259,091	A	259,091
2	Net rental real estate income (loss)	C	2,996,653
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
	13		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	A	78,250
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	A	13
10	Net section 1231 gain (loss)	N	STMT
11	Other income (loss)	Z*	STMT
		AG*	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

22 More than one activity for at-risk purposes*

23 More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

Federal Statements

Richard W. Harris

***_**-

Schedule K-1, Line 20 - Other Information

Code	Description	Amount
N	SCHEDULE K-1, LINE 1 BUSINESS INTEREST EXPENSE	\$ 32,291
AG	GROSS RECEIPTS FOR 2021	2,996,666
AG	GROSS RECEIPTS FOR 2020	3,083,096

Federal Statements

Andrew E. Morrison

***_**-

Schedule K-1, Line 20 - Other Information

Code	Description	Amount
N	SCHEDULE K-1, LINE 1 BUSINESS INTEREST EXPENSE	\$ 32,290
AG	GROSS RECEIPTS FOR 2021	2,996,666
AG	GROSS RECEIPTS FOR 2020	3,083,095

PARTNER# 1

Schedule K-1	Partner's Section 199A Information Worksheet	2021
For calendar year 2021 or tax year beginning , ending		
Partnership Name <u>SUPERIOR EMERGENCY PHYSICIANS PLLC</u>		Employer Identification Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>
Partner's Name <u>RICHARD W. HARRIS</u>		Taxpayer Identification Number * * * - * * - <div style="background-color: black; width: 40px; height: 1.2em;"></div>

Schedule K-1, Box 20, Code Z - Section 199A Information

Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A <u>SUPERIOR EMERGENCY PHYSICIANS PLLC</u>				X
Column B				
Column C				
Column D				
Column E				

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	259,092				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	81,795				
Qualified property					
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

PARTNER# 2

Schedule K-1	Partner's Section 199A Information Worksheet	2021
For calendar year 2021 or tax year beginning , ending		
Partnership Name <u>SUPERIOR EMERGENCY PHYSICIANS PLLC</u>		Employer Identification Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>
Partner's Name <u>ANDREW E. MORRISON</u>		Taxpayer Identification Number * * * - * * - <div style="background-color: black; width: 40px; height: 1.2em;"></div>

Schedule K-1, Box 20, Code Z - Section 199A Information

Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A <u>SUPERIOR EMERGENCY PHYSICIANS PLLC</u>				X
Column B				
Column C				
Column D				
Column E				

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	259,091				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	81,795				
Qualified property					
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

Federal Statements**Statement 1 - Form 1065, Page 1, Line 20 - Other Deductions**

Description	Amount
ACCOUNTING	\$ 3,300
ADVERTISING	488
BANK CHARGES	1,159
BILLING SERVICE	255,071
COMMISSIONS AND FEES	5
EDUCATION & TRAINING	698
EMPLOYEE HIRE TESTING	331
INSURANCE	185,011
LEGAL AND PROFESSIONAL	18,784
MANAGEMENT FEES	51,000
OFFICE EXPENSE	2,852
OUTSIDE SERVICES	4,629,866
PAYROLL PROCESSING	16,007
UNIFORMS	3,614
MEALS (100%)	5,265
TOTAL	\$ 5,173,451

Statement 2 - Form 1065, Schedule K, Line 20c - Other Items and Amounts

Description	Amount
SEE ATTACHED SECTION 199A INFORMATION WORKSHEET	\$

Statement 3 - Form 1065, Schedule L, Line 13 - Other Assets

Description	Beginning of Year	End of Year
ERTC - 2020	\$ 82,895	\$ 82,895
ERTC - 2021		153,130
TOTAL	\$ 82,895	\$ 236,025

Schedule K	Section 199A Information Worksheet For calendar year 2021 or tax year beginning _____, ending _____	2021
Partnership Name SUPERIOR EMERGENCY PHYSICIANS PLLC		Employer Identification Number [REDACTED]

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	SUPERIOR EMERGENCY PHYSICIANS PLLC			X	
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	518,183				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	163,590				
Qualified property					
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

Form **8879-PE****E-file Authorization for Form 1065**

OMB No. 1545-0123

(For return of partnership income or administrative adjustment request)

▶ ERO must obtain and retain completed Form 8879-PE.

▶ Go to www.irs.gov/Form8879PE for the latest information.**2021**Department of the Treasury
Internal Revenue Service

For calendar year 2021, or tax year beginning

, and ending

Name of partnership

Employer identification number

SUPERIOR EMERGENCY PHYSICIANS PLLC

Part I Form 1065 Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	5,993,306
2	Gross profit (Form 1065, line 3)	2	5,993,306
3	Ordinary business income (loss) (Form 1065, line 22)	3	518,183
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of Partner or Member or Partnership Representative

I declare under penalties of perjury that:

- 1a. If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
- b. If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.
2. I have examined a copy of the partnership's electronic Form 1065 (whether used as a return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
3. I am fully authorized to sign the return or AAR on behalf of the partnership.
4. The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
5. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return or AAR.
6. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

Partner or Member or PR PIN: check one box only

☒ I authorize STEPHENS & COMPANY, PLLC to enter my PIN as my signature
ERO firm name Don't enter all zeros
 on the partnership's 2021 electronically filed return of partnership income or AAR.

☐ As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2021 electronically filed return of partnership income or AAR.

Partner or Member or PR signature ▶

Title ▶ MEMBER MANAGER

ANDREW E. MORRISON

Date ▶ 09/08/22

Part III Certification and AuthenticationERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. *****

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ KEVIN L. STEPHENS, CPA

Date ▶ 09/08/22

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2021)

Fill in this information to identify the case:Debtor name Superior Emergency Physicians Harris PLLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 9, 2023

X /s/ Richard Harris

Signature of individual signing on behalf of debtor

Richard Harris

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Superior Emergency Physicians Harris PLLC**
 United States Bankruptcy Court for the: **DISTRICT OF NEVADA**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Alex Malone, M.D. c/o Mark H. Hutchings, Esq. Hutchings Law Group 400 S. 4th Street, Suite 550 Las Vegas, NV 89101		Judgment	Contingent Disputed			\$1,500,447.84
ALFA Advance 20200 W. Dixie Hwy Miami, FL 33180				\$51,483.76	\$0.00	\$51,483.76
BizFund LLC 122 E. 42nd Street New York, NY 10168				\$29,984.00	\$0.00	\$29,984.00
Libertas Funding 411 West Putnam Avenue, Suite 220 Greenwich, CT 06830				\$93,570.88	\$0.00	\$93,570.88
Newco Capital Group 25 Robert Pitt Drive, Suite 204 Monsey, NY 10952				\$237,733.00	\$0.00	\$237,733.00
North Vista Hospital 1409 E. Lake Mead Blvd North Las Vegas, NV 89030				\$2,040,609.45	\$0.00	\$2,040,609.45

**United States Bankruptcy Court
District of Nevada**

In re **Superior Emergency Physicians Harris PLLC**

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Managing Member of the PLLC named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **March 9, 2023**


/s/ Richard Harris

Richard Harris/Managing Member
Signer/Title

Superior Emergency Physicians Harris PLLC
2867 Grand Helios Way
Henderson, NV 89052

Ryan J Works
McDonald Carano LLP
2300 W. Sahara Ave.
Suite 1200
Las Vegas, NV 89102

Alex Malone, M.D.
c/o Mark H. Hutchings, Esq.
Hutchings Law Group
400 S. 4th Street, Suite 550
Las Vegas, NV 89101

ALFA Advance
20200 W. Dixie Hwy
Miami, FL 33180

BizFund LLC
122 E. 42nd Street
New York, NY 10168

Kinetic Direct Funding LLC
411 W. Putnam Avenue, 220
Greenwich, CT 06830

Libertas Funding
411 West Putnam Avenue, Suite 220
Greenwich, CT 06830

Newco Capital Group
25 Robert Pitt Drive, Suite 204
Monsey, NY 10952

North Vista Hospital
1409 E. Lake Mead Blvd
North Las Vegas, NV 89030